

MENARD COUNTY
APPLICATION FOR ON-SITE
SEWAGE FACILITY

COUNTY USE

APPLICATION NO.

DATE

AMOUNT

NEW INSTALLATION

OR

REPAIR/ ALTERATION

P.O. BOX 1038
MENARD, TEXAS 76859
(915) 396-4523

1. PROPERTY OWNER'S NAME: _____ (LAST) _____ (FIRST) _____ (MIDDLE) AUSTIN, TX.

2. CURRENT MAILING ADDRESS: 12400 W HWY 71 SUITE 350-421 78738

3. TELEPHONE NO. DURING DAY: (512) 921-1600

4. SITE ADDRESS: 1370 Rocking J's Ranch Rd Next TX

5. LEGAL DESCRIPTION: Sec 74/75 Block _____ Lot _____ Plat Date _____

SUBDIVISION: Ø

OTHER THAN SUBDIVISION: ACREAGE: 200

SURVEY NAME FF SCHULTZ

ABSTRACT NAME/No.: 1383/183

6. SOURCE OF WATER: Private Well Public Water Supply Ø
(Name of Supplier)

SINGLE FAMILY RESIDENCE: No. Of Bedrooms 2 Living Area (ft²) 930

COMMERCIAL/INSTITUTIONAL (including multi-family residences) TYPE: SINGLE FAMILY

NO. OF EMPLOYEES/OCCUPANTS/UNITS: 2-3 DAYS OCCUPIED PER WEEK: 1-2

SITE EVALUATOR: Pamela Weishuhn LICENSE NO. 10090

PHONE NO.: 325-234-1235

DESIGNER: Pamela Weishuhn LICENSE NO. (PE or RS) 3592

PHONE NO.: 325-234-1235

INSTALLER: _____ LICENSE NO. _____

PHONE NO.: _____

I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby granted to the Designated Representative of Menard County to enter upon the above described property for the purpose of soil/site evaluation and investigation of on-site sewage facility and that a permit to operate the facility is granted following successful investigation of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, 30 TAC, Chapter 285.

(SIGNATURE OF OWNER)

5-1-21
(DATE)